

NOT TO BE PUBLISHED IN THE OFFICIAL REPORTS

California Rules of Court, rule 8.1115(a), prohibits courts and parties from citing or relying on opinions not certified for publication or ordered published, except as specified by rule 8.1115(b). This opinion has not been certified for publication or ordered published for purposes of rule 8.1115.

IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA

SECOND APPELLATE DISTRICT

DIVISION EIGHT

In re A.L., A Person Coming Under the Juvenile Court Law.	B302647
LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES,	(Los Angeles County Super. Ct. No. 19CCJP06178A)
Plaintiff and Respondent,	
v.	
M.L.,	
Defendant and Appellant.	

APPEAL from orders of the Superior Court of Los Angeles County, Craig S. Barnes, Judge. Affirmed.

Patricia K. Saucier, under appointment by the Court of Appeal, for Defendant and Appellant.

Mary C. Wickham, County Counsel, Kim Nemoy, Acting Assistant County Counsel, and Melania Vartanian, Deputy County Counsel, for Plaintiff and Respondent.

* * * * *

Father M.L. appeals the juvenile court's jurisdictional and dispositional orders for his now two-year-old son, A.L. He contends substantial evidence does not support the court's jurisdictional findings under Welfare and Institutions Code section 300, subdivision (b),¹ arguing there was no substantial evidence mother L.C.'s mental illness, or father's failure to protect A.L., placed him at risk of harm. Father argues that if the jurisdictional findings are reversed, the dispositional orders must be reversed as well. We affirm.

FACTUAL AND PROCEDURAL BACKGROUND

This family came to the attention of the Los Angeles County Department of Children and Family Services (Department) in August 2019, after the Department received a request for a welfare check on A.L., due to concerns about mother's mental health. On August 13, 2019, mother had been placed on an involuntary psychiatric hold for psychosis. Mother was feeling hopeless and believed she was unable to care for A.L., and she was neglecting him. Mother has a history of psychiatric hospitalizations, including involuntary hospitalizations in February and June 2019. She had been diagnosed with depression and posttraumatic stress disorder (PTSD).

A social worker visited the family's home on August 23, 2019. Mother was agitated and defensive, and yelled and cursed at the social worker. Mother refused to let the social worker inside the home.

Mother admitted she was diagnosed with depression and PTSD. She was not currently participating in therapy, but was

¹ All further statutory references are to the Welfare and Institutions Code unless otherwise indicated.

prescribed psychotropic medications. The medications made her tired and impacted her ability to care for A.L. She did not like to take her medications because of how they made her feel.

Father allowed the social worker into the home. Father worked two jobs, including nights, to support his family. He and mother had been in a relationship for nine years, and they had been married for six years. Mother had been “in and out of the hospital since June 2018.” But he did not believe mother would put A.L. in danger. A.L. was not in preschool or daycare, and mother was his primary caregiver.

The family agreed to a safety plan where father would not leave mother alone with A.L., and he would call 911 if mother had an episode. Paternal grandmother would watch A.L. when father needed child care.

The social worker visited the family again on September 19, 2019. Again, mother would not allow the social worker into the home, and she called law enforcement, stating that she was afraid for her safety. Mother yelled, screamed, and cursed at the social worker, and refused to come outside to speak with her. A.L. was present at the time.

Father did not have any concerns about child abuse or neglect, but believed mother was displaying “unstable” and “paranoid behavior[s].”

Law enforcement arrived and spoke with mother. One of the responding deputies believed mother was “delusional” and that A.L. was not safe in the home, even with father there.

When the Department informed mother and father that A.L. would be detained from mother in father’s care, mother became very upset and threatened to “shoot” unspecified people.

Father agreed to cooperate with the Department. He went with A.L. to paternal grandmother's home. He also agreed to a safety plan where he would not allow mother access to A.L., and would not supervise her visits with A.L.

The family had four prior referrals to the Department, between June 2018 and February 2019. All of the referrals concerned mother's mental health. According to the referrals, mother had a psychiatric hospitalization in June 2018, and two involuntary psychiatric hospitalizations in January 2019 and February 2019. In one incident, she wandered into a stranger's car, was disoriented, and believed people were following her. In another incident, mother believed she and A.L. had suffered from carbon monoxide poisoning, and when first responders arrived at her home, she was "acting bizarre" and making threats to kill father. Father was at work at the time. In another incident, mother went to a school and began raving about the children being in danger. It was also reported that mother would drive around aimlessly in the middle of the night with A.L., and that father failed to adequately supervise A.L.'s interactions with mother while visiting her in the psychiatric hospital.

The Department was concerned that father did not appreciate the severity of mother's mental health condition.

On September 24, 2019, the juvenile court detained A.L. from mother and released him to father under the supervision of the Department.

In a November 2019 interview, father admitted mother had her first hospitalization in 2017, and that she suffers from paranoia and psychosis. When she has a manic episode, she "blacks out" and there is "no reasoning with her." However, "[s]he is never really a threat . . . and has never hurt anyone and

it's been two years.” He was not sure if she was taking her prescribed medications. He admitted that she broke the windows in their home after social workers visited. She had also pushed him before. He does not take what she says seriously when she is in a manic state because “it’s not her.” He believed she is a good mother.

The juvenile court sustained allegations under section 300, subdivision (b), that mother’s mental and emotional problems, for which she failed to receive regular treatment, rendered her incapable of providing regular care and supervision of A.L., and that father failed to protect A.L. by giving mother unlimited access to him.

The court removed A.L. from mother, and placed him with father with family maintenance services. Father was ordered to participate in individual counseling and family counseling with mother.

Father filed a timely notice of appeal.

DISCUSSION

Section 300, subdivision (b)(1), authorizes a juvenile court to exercise dependency jurisdiction over a child if the “child has suffered, or there is a substantial risk that the child will suffer, serious physical harm or illness, as a result of the failure or inability of his or her parent . . . to adequately supervise or protect the child, or . . . by the inability of the parent . . . to provide regular care for the child due to the parent’s . . . mental illness.” (*Ibid.*) Harm may not be presumed from the mere fact of a parent’s mental illness. (*In re A.L.* (2017) 18 Cal.App.5th 1044, 1050.) However, it is not necessary for the Department or the juvenile court to predict what harm will come to a child because a parent fails to consistently treat his or her illness. It is

sufficient that a parent's mental illness creates a substantial risk of some harm. (*In re Travis C.* (2017) 13 Cal.App.5th 1219, 1226-1227.) The court "need not wait until a child is seriously abused or injured to assume jurisdiction and take the steps necessary to protect the child." (*In re R.V.* (2012) 208 Cal.App.4th 837, 843.)

Substantial evidence supports the court's exercise of jurisdiction here. (See *In re Cole C.* (2009) 174 Cal.App.4th 900, 916 [discussing substantial evidence standard of review].) Mother had been placed on three involuntary psychiatric holds in less than one year, yet she was not receiving treatment, and did not appear to be taking her medications. She displayed unstable, volatile, and aggressive behaviors, sometimes in the presence of A.L. Her episodes had been occurring for years, yet father left A.L. in her care while he worked. Although he was quick to comply with the Department to protect A.L., he did not appreciate the severity of mother's mental illness.

Father cites cases where the risk of harm presented by the parent's mental illness was speculative. (*In re James R.* (2009) 176 Cal.App.4th 129, 137 [no evidence that mother currently suffered from mental illness, and children were not left alone in her care]; see also *In re A.L., supra*, 18 Cal.App.5th at pp. 1047, 1051 [children were older, and were always supervised by a competent adult]; *In re A.G.* (2013) 220 Cal.App.4th 675, 684 [minors were supervised by competent adults].) Here, mother was often left alone with A.L., and father's history of leaving A.L. unattended with mother posed a substantial threat to his safety.

Father's only challenge to the dispositional orders is that they must be reversed if we find that jurisdiction is unsupported.

DISPOSITION

The orders are affirmed.

GRIMES, Acting P. J.

WE CONCUR:

STRATTON, J.

WILEY, J.